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MAR 3 2001  
PATENT & TRADEMARK OFFICE

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**  
**(37 CFR 1.63)**

 Declaration submittedwith Initial Filing  
**UNEXECUTED** Declaration  
Submitted after Initial  
Filing (surcharge  
37 CFR 1.16 (e)  
required)

Attorney Docket Number	PC11862A
First Named Inventor	Bruce A. Hay
<b>COMPLETE IF KNOWN</b>	
Application Number	09/747,437
Filing Date	December 21, 2000
Group Art Unit	1615
Examiner Name	Not Yet Assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SOMATOSTATIN ANTAGONISTS AND AGONISTS THAT ACT AT THE SST SUBTYPE 2 RECEPTOR***(Title of the Invention)*the specification of which  
 is attached hereto

OR

 was filed on  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

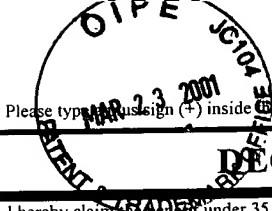
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/151,830	September 1, 1999	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.

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## DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
09/618,029	07/17/2000	

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number  
or

Place Customer  
Number Bar Code  
Label here

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	A. Dean Olson	31,185
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Paul H. Ginsburg	28,718	Valerie M. Fedowich	33,688
J. Trevor Lumb	28,567	Bryan C. Zielinski	34,462
James T. Jones	30,561	Robert T. Ronau	36,257
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Jennifer A. Kispert	40,049	Roy F. Waldron	42,208
Israel Nissenbaum	27,582	Todd M. Crissey	37,807
Adrian G. Looney	41,406	Deborah A. Martin	44,222
A. David Joran	37,858	Jeffrey N. Myers	41,213
Lawrence C. Akers	28,587	Elsa Djiardi	45,963

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

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I hereby declare, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
Bruce A.	Hay						
Inventor's Signature						Date	
Residence: City	East Lyme	State	CT	Country	USA	Citizenship	
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City	East Lyme	State	CT	Zip	06333	Country	USA

Additional inventors are being named on the \_\_\_\_\_ a supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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MARCH 23 2001  
PATENT & TRADEMARK OFFICE  
U.S. DEPARTMENT OF COMMERCE  
STC1043

+

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Bridget M.		Cole					
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Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	